FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

MAY 1? ?? 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44668 (4)

1. Corporation Name
SPACE AGE CARE, INC.

Principal Place of Business	Mailing Address
502 LOUIS DRIVE COCOA FL 32922 US	502 LOUIS DRIVE COCOA FL 32922 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/17/1992	05/01/1994

4. FEI Number: 59-3135374 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEEDLY JUDSON B JR 1562 UNIVERSITY LANE #706 COCOA FL 32922	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	1.1 TITLE ☐ Change ☐ Addition
NAME	STEEDLY, JUDSON B	1.2 NAME
STREET ADDRESS	1562 UNIVERSITY LANE ~~710~~ 706	1.3 STREET ADDRESS
CITY-ST-ZIP	COCOA FL	1.4 CITY-ST-ZIP
TITLE	VP	2.1 TITLE ☐ Change ☐ Addition
NAME	STEEDLY, ANITA L.	2.2 NAME
STREET ADDRESS	1562 UNIVERSITY LANE #706	2.3 STREET ADDRESS
CITY-ST-ZIP	COCOA FL	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	STEEDLY JUDSON B III	3.2 NAME
STREET ADDRESS	502 LOUIS DRIVE	3.3 STREET ADDRESS
CITY-ST-ZIP	COCOA FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE ☐ Change ☐ Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Anita L. Steedly — Anita L. Steedly, V.P. — 5/1/95 — (407) 631-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073345 CP